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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Hillary Rodham Clinton						
	(b) Address (number and street) P.O. Box 5256	□Ch	eck if addres	ss changed		2. Candidate's FEC Identification P00003392	Number
	(c) City, State, and ZIP Code					3. Is This New	Amended
	New York		NY	1018	5-5256	Statement (N) OR	× (A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate	
	DEMOCRATIC PARTY	Presidentia	al			00	
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)						
	NOTE: This designation should be f	iled with the app	oropriate offic	ce listed in the	ne instructions.		
	(a) Name of Committee (in full)						
	Hillary for America						
	(b) Address (number and street) P.O. Box 5256						
	(c) City, State, and ZIP Code						
	New York				NY	10185-5256	
	DE	SIGNATION	N OF OTI	HER AU	THORIZED	COMMITTEES	
		(Ir	ncluding Join	t Fundraisin	g Representativ		
8.	I hereby authorize the following nam	•	_		g Representativ	es)	ls on behalf of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be fi	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be find the fin	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256  (c) City, State, and ZIP Code	ned committee, v	which is NO	Γ my principa	g Representativ	es) nmittee, to receive and expend fund	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256	ned committee, v	which is NO	Γ my principa	g Representativ	es)	ls on behalf of my
8.	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256  (c) City, State, and ZIP Code  New York	ned committee, we have a second committee of the second committee.	which is NOT	Γ my principa	g Representativ	es) nmittee, to receive and expend fund	
	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256  (c) City, State, and ZIP Code  New York	ned committee, we have a second committee of the second committee.	which is NOT	Γ my principa	g Representativ	es) nmittee, to receive and expend fund	
Się	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256  (c) City, State, and ZIP Code  New York	ned committee, we have a second committee of the second committee.	which is NOT	T my principality ign committees the best of	g Representativ	nmittee, to receive and expend fund  10185-5256  Individual to the service of the	
Się Hi	candidacy.  NOTE: This designation should be fill (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street) P.O. Box 5256  (c) City, State, and ZIP Code New York  I certify that I have exaugnature of Candidate  Sillary Rodham Clinton	ned committee, we have a second committee and committee, we have a second committee and committee an	which is NOT	T my principality ign committed the best of	g Representative all campaign consets.  NY  my knowledge attronically Filed]	10185-5256  Indicate the strue, correct and compared to the structure to the struct	olete.
Się Hi	candidacy.  NOTE: This designation should be fi  (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street)  P.O. Box 5256  (c) City, State, and ZIP Code  New York  I certify that I have example of Candidate	ned committee, we have a second committee and committee, we have a second committee and committee an	which is NOT	T my principality ign committed the best of	g Representative all campaign consets.  NY  my knowledge attronically Filed]	10185-5256  Indicate the strue, correct and compared to the structure to the struct	olete.
Się Hi	candidacy.  NOTE: This designation should be fill (a) Name of Committee (in full)  Hillary Victory Fund  (b) Address (number and street) P.O. Box 5256  (c) City, State, and ZIP Code New York  I certify that I have exaugnature of Candidate  Sillary Rodham Clinton	ned committee, we have a second committee and committee, we have a second committee and committee an	which is NOT	T my principality ign committed the best of	g Representative all campaign consets.  NY  my knowledge attronically Filed]	10185-5256  Indicate the strue, correct and compared to the structure to the struct	olete.

FEC FORM 2 (REV. 02/2009)

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ ADDITIONAL ] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Hillary Action Fund (b) Address (number and street) P.O. Box 5256 (c) City, State and ZIP Code New York NY 10185-5256 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

- (a) Name of Committee (in full)
- (b) Address (number and street)
- (c) City, State and ZIP Code